

Beaver County Behavioral Health Annual Report Calendar Year 2013



Under the leadership of:
The Beaver County Board of Commissioners

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Chairman

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Gerard Mike
Administrator
Beaver County Behavioral Health
1040 Eighth Avenue
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Hours: 8:00 a.m. – 4:30 p.m.
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Contents

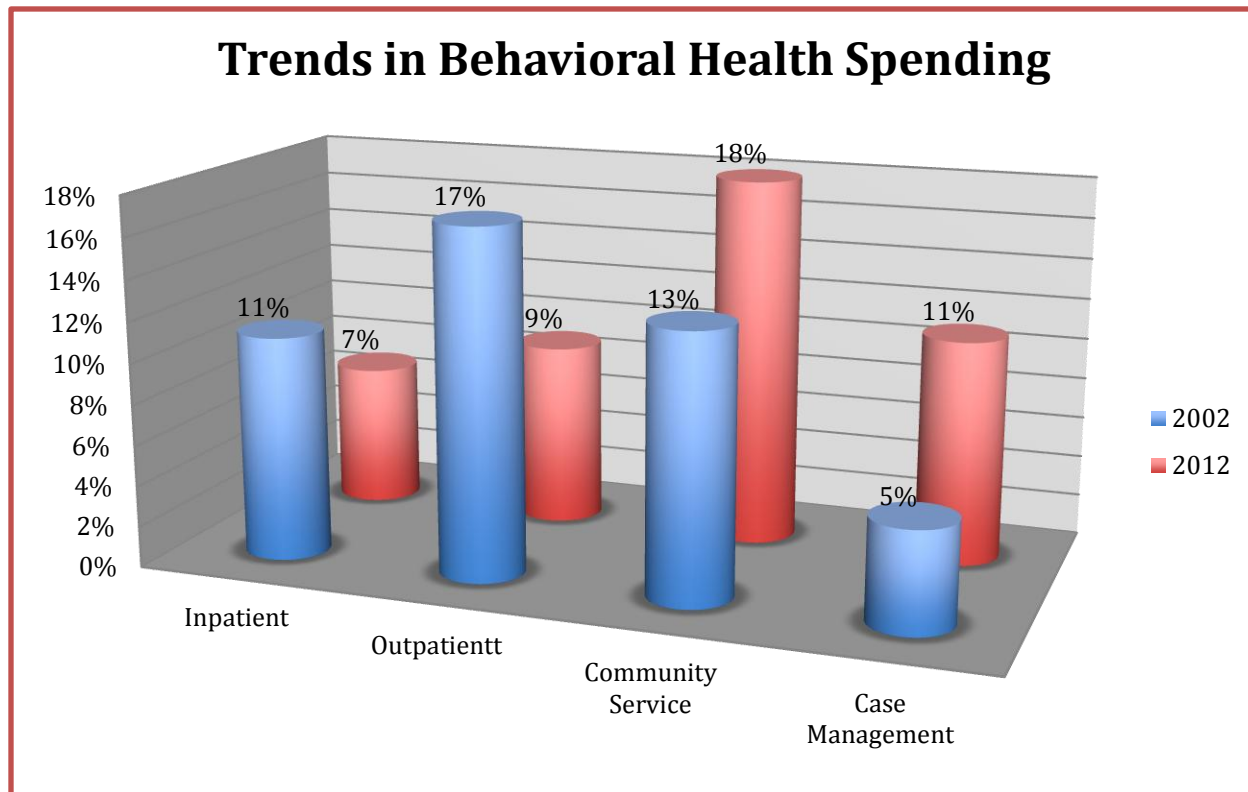
A Message to the Community from Gerard Mike, the Beaver County Behavioral Health (BCBH) Administrator	3
Stakeholders.....	5
Engagement Specialist	7
Beaver County Prescription Drug Abuse Coalition.....	8
Behavioral Health Forensic Services in Beaver County.....	11
Beaver County Behavioral Health Revenues for 2013.....	14



A Message to the Community from Gerard Mike, the Beaver County Behavioral Health (BCBH) Administrator

Beaver County has increased our investment in community-based services and case management **over threefold** in the past decade, building a seamless system of care that is accessible and continuously available to our residents. Beaver County has provided Community Service, which included Psychiatric Rehabilitation and Peer Support, and Case Management to bolster our commitments to affordable and appropriate care and support (a combined growth trend of 11%). During the same period, expenses for inpatient and outpatient care have decreased by a combined 12%. These favorable cost outcomes and trends are detailed on the following table and graph:

Trends in Behavioral Health Spending	2002 %	2012 %
Inpatient	11%	7%
Outpatient	17%	9%
Community Service	13%	18%
Case Management	5%	11%
TOTALS	100%	100%



In business, people often say, “Good numbers make good meetings,” and this is true for behavioral health, but in a different way. For instance, we are not talking about profit; we are talking about getting more services to people closer to where they live, and according to their needs.

We are proud of our accomplishments in these areas, as the data demonstrates. However, we could never have accomplished these goals without the partnerships we enjoy in the community: with families, individuals, vendors, providers, people in County government, and others who are so key to our improvements, and who unselfishly share their talents and resources with us. BCBH thanks you.

In this year’s report to our community, we highlight some of the initiatives that reflect key collaborations that have led to our improvements in services and supports, including:

- Stakeholder Involvement
- Engagement Specialists
- Our Prescription Drug Coalition
- Forensic Efforts and, as always, we conclude with...
- An Update on Our Financials

Thank you so much, Beaver County, for helping us to help each other.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerard Mike", with a stylized flourish at the end.

Gerard Mike

Stakeholders

On September 17, 2013, we held our first Annual Beaver County System of Care Stakeholder Meeting. Over 75 people attended the event, representing families, peers, provider agencies, and County Departments. The objective of the Stakeholder Meeting was to educate the participants on the System of Care (SOC) service delivery concepts, and to describe how the different pieces work together to aid in accessing quality services. Presentations describing SOC principles were made by the following BCBH Officials (by Departments in the Block Grant):

- BCBH AdministrationGerard Mike
- Children and Youth Services.....Dayna Revay
- Aging OfficeBeverly Sullivan
- Community DevelopmentLisa Signore

SOC methods deliver services and supports to children and adults, utilizing guiding principles based on best practices. Therefore, SOC is a coordinated network of community-based services and supports that are organized to meet the needs of individuals and families facing the challenges associated with serious mental illness.

People Served	Services & Supports	Guiding Principles
<ul style="list-style-type: none">• Children• Transition Age• Adults• Older Adults	<ul style="list-style-type: none">• Education & Employment• Housing• Integrated Healthcare• Justice / Legal• Family Supports• Natural Supports• Peer Supports	<ul style="list-style-type: none">• Culturally & Linguistically Competent• Data Driven• Family Focused• Peer Centered• Recovery & Resiliency Based• Trauma Informed

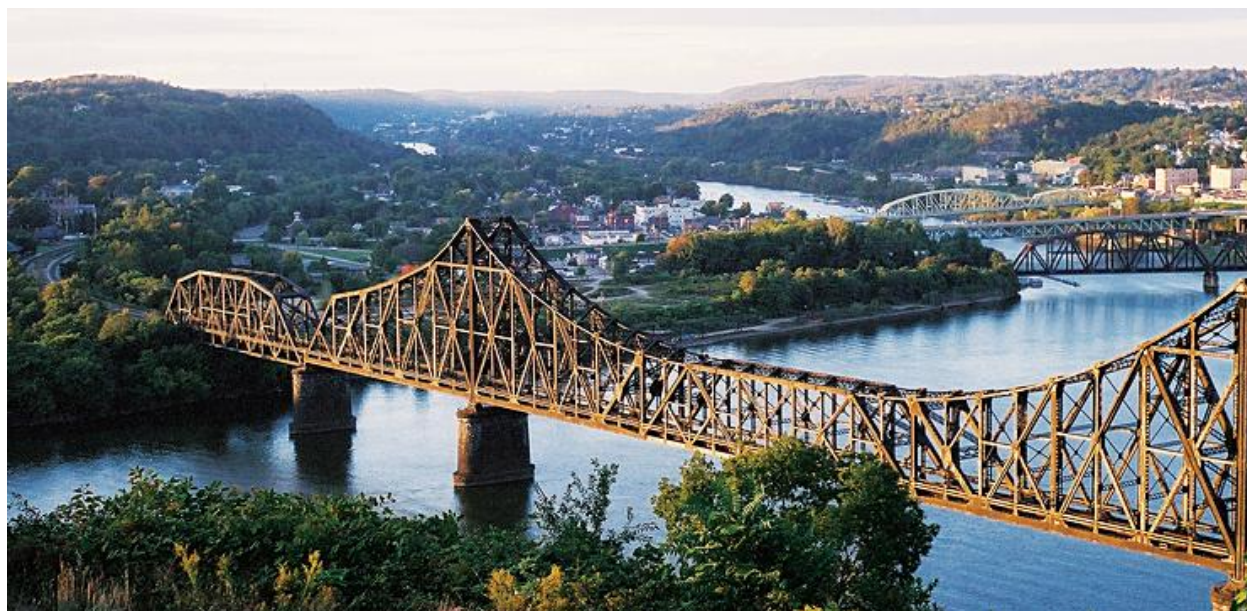
Individuals and families work in partnership with public and private organizations. Services and supports are effective, because they are built upon the strengths of individuals, and address each person's cultural and linguistic needs. Consumers can easily access welcoming, effective, and efficient systems of care that inspire hope and integrate services based on the needs of the individual, not the needs or convenience of the delivery system.

In the 1st Annual Stakeholder Meeting, Beaver County invited Kenneth Minkoff, MD and Christie Cline, MD, MBA, national and international experts from Zia Partners on integrated service development, quality improvement, and systems transformation. They joined us to discuss the implementation of Comprehensive, Continuous, Integrated Systems of Care (CCISC).

For more information on Kenneth Minkoff, MD or Christie Cline, MD of Zia Partners, please go to this website: www.ziapartners.com.

Beaver County Behavioral Health has set the foundation for an effective system of care, which promotes the voice and the choice for the individual and family, attention to the complexity of their issues, and the integration of services and systems through many community and County organizations. By strategically utilizing our financial resources, we have made very flexible SOC services a reality for the consumers of Beaver County.

For more information contact Nancy Jaquette, Compliance Officer at (724) 847-6225 or njaquette@bcbh.org.



Engagement Specialist

It is often challenging to negotiate the process of applying for benefits, such as Medical Assistance, due to the many rules and eligibility criteria. For someone struggling with mental illness, especially in the early stages of recovery, this process can be overwhelming. In 2012, Beaver County Behavioral Health identified a need to assist individuals in navigating the Medical Assistance process to obtain improved access to behavioral and physical health care.

In 2012, BCBH and Value Behavioral Health of PA partnered to employ a staff person specifically trained on the eligibility regulations and processes for Medical Assistance. A part-time Engagement Specialist was hired in June 2012 to fill this role. This staff person demonstrates outreach and engagement skills to assist individuals in accessing the resources they need to obtain benefits. This staff person has been able to establish a relationship with the DPW County Assistance Office to expedite enrollment into Medical Assistance/HealthChoices.

The Engagement Specialist has assisted over 100 individuals to access Medical Assistance and HealthChoices benefits. These individuals no longer have the worry of how their behavioral and physical health care will be funded, thus enabling them to better focus on their recovery and wellness. In addition, this initiative has offset County mental health base funding spending, assuring that there will be additional base funding available to assist all who are in need.

The Beaver County Engagement Specialist can be reached by calling Beaver County Behavioral Health at: 724-847-6225.

Helpful information:

Beaver County Assistance Office Contact Info

171 Virginia Avenue
P. O. Box 349
Rochester, PA 15074-0349
Toll Free: 1-800-653-3129
Phone: 724-773-7300
LIHEAP 724-773-7495
FAX: 724-773-7859

The Department of Public Welfare County

Assistance Office website:

<http://www.dpw.state.pa.us/indfacilsandlocs/countvassistanceofficecontactinformation/>

Autism Services

1-866-539-7689

Benefits Helpline

(Cash Assistance, SNAP, MA)
1-800-692-7462

ChildLine

(State Child Abuse Registry)
1-800-932-0313

Children's Health Helpline

1-800-986-KIDS

Disability Services

1-866-286-3636

Governor's Office

1-717-787-2500

Estate Recovery Program

1-800-528-3708

Personnel Information

1-717-787-5025

Secretary of Public Welfare

1-717-787-2600

Welfare Fraud TipLine

1-800-932-0582

Beaver County Prescription Drug Abuse Coalition

The Centers for Disease Control and Prevention (CDC) has classified prescription drug abuse as an epidemic. Typically, drug trends originate on the Eastern or Western coasts of the nation, and eventually migrate to our region. However, at the national level, the prescription drug abuse trend is one that began in Western Pennsylvania due to a unique set of demographics.

In an interview broadcast on Comcast Newsmakers, Neil Capretto, DO, Medical Director of Gateway Rehabilitation Center and a nationally recognized expert in the specialty of addiction medicine, indicated the crisis began in this area ten years ago and can be attributed to a dwindling economy, an aging population, and the mass marketing and accessibility of medications – particularly those used for the management of pain.



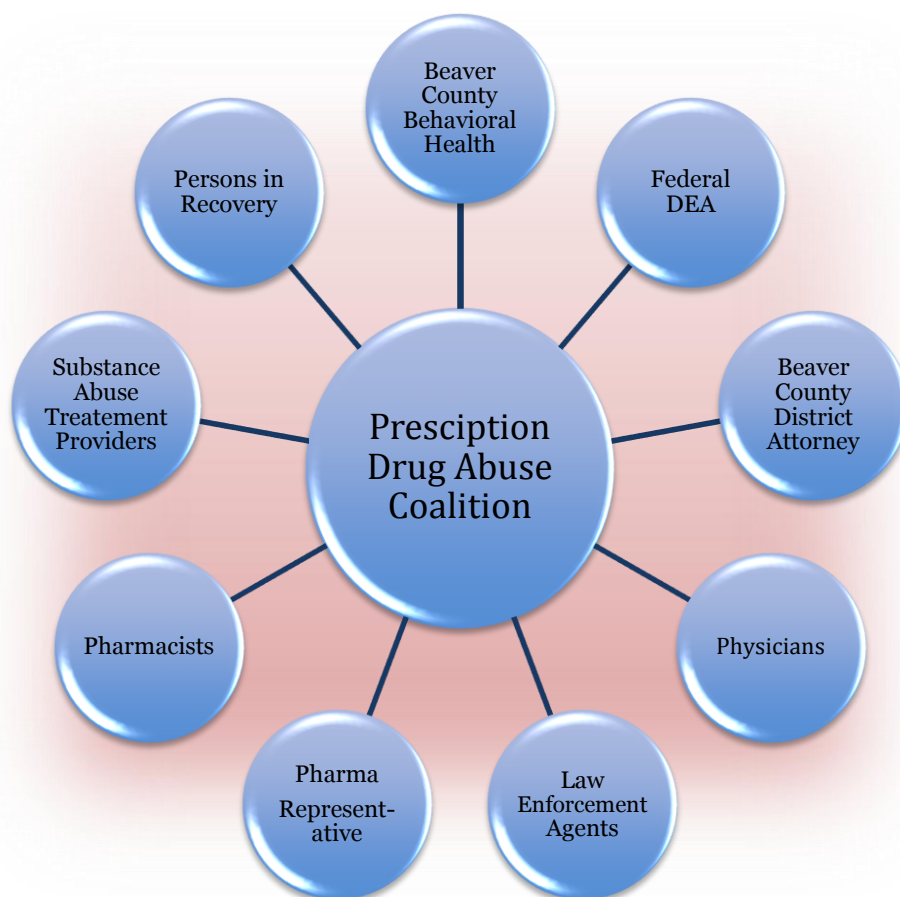
From Comcast Newsmakers

Some telling statistics:

- There has been a significant rise in the prescription of opiates for pain management and their subsequent availability in family medicine cabinets since the 1990s. This amounts to 180 doses for every person in the country with a subsequent increase in drug overdose deaths to 100 every day (Centers for Disease Control and Prevention).
- 56% of teens say it's easy to get meds from their family medicine cabinet and 49% of parents admit anyone can access them (Partnership Attitude Tracking Study).
- As a result, there has been an increase of teen prescription abuse of 33% in the last 5 years (PATs).
- Data from the National Survey on Drug Use and Health (NSDUH) shows that nearly one-third of people aged 12 and over, who used drugs for the first time in 2009, began by using a prescription drug non-medically.
- A common misperception among many individuals, who misuse prescription drugs, is that these substances are safer than illicit drugs, because they are

prescribed by a healthcare professional and dispensed by a pharmacist. Over 70% of people, who abuse prescription pain relievers, get them from friends or relatives, while only about 5% get them from a drug dealer or over the Internet.

- Opiate overdoses, once almost always due to heroin use, are now increasingly due to abuse of prescription painkillers.



In an effort to create public awareness around the dangers of prescription drug abuse, Beaver County Behavioral Health Drug and Alcohol Program, in conjunction with Community Health Challenge, convened a Prescription Drug Abuse Coalition. The Coalition is comprised of: a Federal Drug Enforcement Agent; the Beaver County District Attorney; physicians specializing in addictions, as well as pain management; law enforcement agents; pharmacists; a pharmaceutical manufacturing representative; county behavioral health care professionals; persons in recovery; and substance abuse treatment and prevention providers.

The inaugural meeting took place on October 10, 2012 at Beaver County Behavioral Health. The group has met four times and has identified the following action steps to be taken:

1. Research best practice models in other states.
2. Support legislation for monitoring and coordination among health professionals at various levels and locations, and law enforcement. The Coalition supports Pennsylvania Senate Bill 611 and House Bill 1694, the Pharmaceutical Accountability Monitoring System bill that would require the Office of the Attorney General to develop an electronic system for monitoring Schedule II and Schedule III controlled substances. This would keep track of the prescriptions doctors write and those filled by their patients.
3. Provide Education/Awareness for pharmacists/healthcare workers.
4. Examine potential legal interventions.

The Coalition recognizes that having a positive impact on the reduction of prescription drug abuse will require a community effort.

For more information contact SCA Administrator, Kate Lichius, at 724-847-6225 or klichius@bcbh.org.

Coalition Action Steps...

- Research Best Practice Models
- Support Legislation for Monitoring and Coordinating among Health Professionals
- Provide Education & Awareness
- Examine Legal Interventions

**Reduction of
prescription
drug abuse
requires a
community
effort!**

Behavioral Health Forensic Services in Beaver County

Among the many challenges we face in our community, BCBH is working very hard to create systems to support some of our citizens, who are most in need of focused care. As one example, co-occurring mental health and substance use disorders (COD) are common, especially in county corrections.



Photograph: David Levene

Nationally, as many as two-thirds of individuals released from prison are re-arrested within 3 years, and over 50% return to prison or jail. Re-entry program, like those available in Beaver County, are designed to facilitate the transition from incarceration to the community and have been implemented to overcome re-arrests. Beaver County has been offering outpatient services in the Beaver County Jail since 2001 and at the Courthouse since 2009. In 2009, Beaver County implemented the nationally recognized Sequential Intercept Model (SIM) to organize, evaluate, and plan the ongoing development of behavioral health for individuals involved in the justice system. This has been a collaborative effort guided by the County's Criminal Justice Advisory Board (CJAB) and Sequential Intercept Subcommittee.

Northwestern Human Services (NHS), the current provider of COD treatment in the Beaver County Jail and Courthouse, makes available clinical assessment information and recommendations to the Beaver County Court system through the sharing of assessment reports, testimony in court, or sharing of information with Adult Probation staff. Clinical staff uses evidence-based practices, such as Motivational Interviewing, to engage individuals; Seeking Safety to address trauma; and Thinking for Change to impact criminogenic thinking. Also, since 2004, Beaver County has offered re-entry services to released offenders with a behavioral health diagnosis. Re-entry liaisons work with the individual, probation, and the jail-based staff to develop a pre-release transition plan. They then follow the individual post-release to assist in implementing that plan.

Beaver County has been offering outpatient services in the Beaver County Jail since 2001 using nationally recognized methods to develop behavioral health services for individuals within the criminal justice system.

Two community organizations, *R.O.O.T.S.* and *T.R.A.I.L.S.*, train sponsors, who are matched with individuals identified in the Beaver County Jail. Sponsors provide friendship and mentoring to help build natural support systems with family and friends, while re-entry liaisons help individuals connect with more formal services and supports, and reintegrate into the community.

Beaver County Rehabilitation Center offers vocational assessments in an effort to identify the individual's interests, work environment preferences, and aptitudes. Incarcerated individuals have the opportunity to engage in any of the following three services: Supported Employment, Psychiatric Rehabilitation, and GED/Academic Support. These services begin during incarceration and transition into re-entry support, if desired, and each is designed to eliminate the most common barriers associated with job acquisition and retention.

Most recently, vocational services expanded into the Beaver County Jail's Work Release program. Incarcerated females now have the opportunity to complete a 6 month work training program through a job placement in the records management industry. Ultimately, the aim of this opportunity is to employ individuals for a transitional period with intensive support and then to help them gain competitive employment, where they can work independently with a strong job retention skill set and with fewer financial barriers.

To demonstrate program effectiveness, Beaver County is not only interested in reduced recidivism as a desired outcome, but also hopes to increase the "Redemption time" of offenders. This is the time when an individual with a prior arrest record has stayed clean of further involvement with the criminal justice system; long enough to be considered 'redeemed' and relieved of the burden of a prior criminal history record. Current data for the Beaver County Behavioral Health program shows reincarceration for a new conviction within 12 months following release from jail for those individuals receiving re-entry services as 22%.

Beaver County is participating in an evaluation conducted by the National Institute of Justice.

We are committed to providing Substance Abuse and Mental Health Services to those in the Criminal Justice System.

Reduced Recidivism and Improved Functioning Benefits the Whole Community!

Behavioral health forensic services in Beaver County are funded through a variety of sources, including the Second Chance Act, the Pennsylvania Commission on Crime and Delinquency, HealthChoices (for some eligible community services), and State base dollars. While the use of multiple funding sources is essential to the county's ability to provide and to sustain a comprehensive system of care, it does offer some unique challenges to program evaluation. Beaver County was, nonetheless, selected to participate in a cross-site evaluation of the Bureau of Justice Assistance (BJA) FY 2011 Second Chance Act (SCA) Adult Offender Re-entry Demonstration Projects (AORDP) sponsored by the National Institute of Justice (NIJ).

The study will cover January 2014 through June 2016. Seven AORDP sites were selected for the evaluation: Solano County, CA; Department of Corrections, CT; Palm Beach County, FL; Boston, MA; Department of Corrections, MN; Hudson County, NJ; and Beaver County, PA. The primary goals of the evaluation are to describe the implementation, sustainability, and effectiveness of each AORDP program at reducing recidivism, substance abuse, and other criminal behaviors – and improving other positive outcomes.

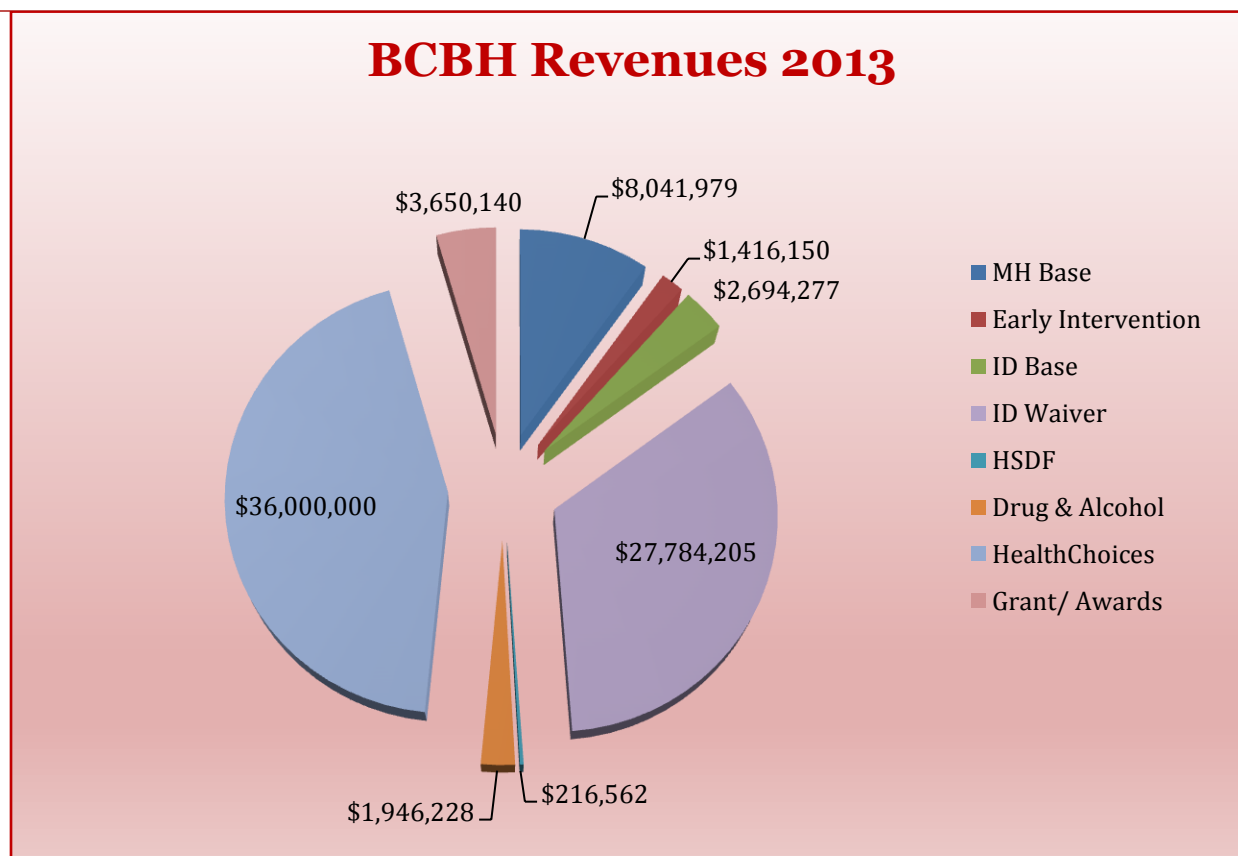
BCBH is committed to continuing its support for citizens in most need of focused care. Providing needed substance abuse and mental health services to those in the criminal justice system is one example of meeting this commitment. The positive impact on reduced recidivism and improved functioning benefits the whole community. Collaboration among the court system, human services, county resources, and community organizations has been instrumental in the success of behavioral health forensic services in Beaver County. Recognition of this effort by the Department of Justice is further evidence of the success of this collaboration.

For more information contact Nancy Jaquette, Compliance Officer at (724) 847-6225 or njaquette@bcbh.org.

Beaver County Behavioral Health Revenues for 2013

BCBH continues to bring valuable financial resources to provide an investment in our community, and to cost-effectively meet the needs of our citizens.

PROGRAM	REVENUES	ADMINISTRATION	COUNTY CONTRIBUTION
MH Base	\$8,041,979.	\$831,780	\$287,401.
Early Intervention	1,416,150.	64,673	125,409.
ID Base	2,694,277.	632,742.	239,696.
ID Waiver	27,784,205.	134,830.	
HSDF	216,562.	21,612.	
Drug & Alcohol	1,946,228.	388,905.	80,000.
HealthChoices	36,000,000.	4,900,000.	
Grants/Awards	3,650,140.		
TOTALS	\$81,749,541	\$6,974,542 ¹	\$732,506 ²



¹ Total Administrative cost is 7.97% of total revenue.

² County Contribution is 0.90% of total revenue.